PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number 0 9 755347

		CLAIMS AS	• Column)		(Column 2)			SMALL ENTITY TYPE			OTHER THAN OR: SMALL ENTITY		
TOTAL CLAIMS			IA		(GOIGHTH Z)		ŗ			OR. 1 1			
			1′0					RATE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMB	ER EXTRA	Ľ	SASIC FEE	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			minus 20=					X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			\mathcal{V} minus 3 =		<u> </u>			X40=		OR	X80=		
MU	LTIPLE DEPEN	IDENT CLAIM P	RESENT					+135=		OR	+270=		
* If	the difference	in column 1 is	less than ze	ero, ente	r "0" in c	olumn 2	Ŀ	TOTAL	355	OR	TOTAL		
CLAIMS AS AMENDED - PART II								•			OTHER	THAN	
	(Column 1) (Column 2) (Column							SMALL E	ENTITY	OR	SMALL	ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	_	
	Independent	*	Minus	***		=		X40=		OR	. X80=		
L	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDEN	CLAIM			+135=		OD	+270=		
		i		,		- 10 · · ·	· L	TOTAL		OR	TOTAL		
		I .					A	DDIT. FEE		OR	ADDIT. FEE	L	
-		(Column 1) CLAIMS			mn 2) HEST	(Column 3)	-			1 1			
AMENDMENT B	`.	REMAINING AFTER AMENDMENT		NUM PREVI	MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=		X40≃		OR	X80=		
L	FIRST PRESE	NTATION OF M	JLTIPLE DEI	JLTIPLE DEPENDENT		CLAIM		. 105			. 070		
							L	+135=		OR	+270=		
								TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE		
		(Column 1)			mn 2)	(Column 3)							
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=		X40=	,		X80=		
Ľ	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDEN	T CLAIM		├			OR			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								+135= TOTAL		OR	+270=		
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OR	TOTAL ADDIT. FEE		
		nber Previously Pa					r foun	d in the app	ropriate box	in col	umn 1.		